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ATTN. Andrea N. Jones

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FROM Volel Emile, Esq.

Fax Number 512 306 0240

Phone Number 512 306 7969

SUBJECT Response to 1st Action (10/660,027)

Number of Pages 15

Date 9/26/2006

MESSAGE

This fax transmission contains:

1. one copy of a Fax Transmittal Form;
2. one copy of a Fee Transmittal Letter, no fee included; and
3. one copy of the Response.


Volel


SEP 26 2006

510/98/21 (02-04)
Approved for use through 07/31/2008. OMB 0551-0031
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10,660,027
	Filing Date	09/11/2003
	First Named Inventor	Susan Marie Keohane
	Art Unit	2193
	Examiner Name	Andrea N. Jones
	Attorney Docket Number	AI15920030427US1
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below)
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual Name	Volel Emile	
Signature		
Date	09/26/2006	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	Volel Emile	
Signature		Date 09/26/2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to fee (and by the USPTO in process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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SEP 26 2006

Appl. No. 10/660,027
Transmittal of Response dated 09/26/2006
Reply to Office Action of 06/26/2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application of: :
Susann Marie Keohane :
Serial No: 10/660,027 : Before the Examiner:
 : Andrea N. Jones
 :
Filed: 09/11/2003 : Group Art Unit: 2193
 :
Title: SYSTEM AND METHOD OF : Confirmation No.: 5814
FACILITATING AN ICON :
SELECTION AMONG A PLURALITY :
OF ICONS ON A DESKTO :

TRANSMITTAL OF RESPONSE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified Application.

 X No additional fee is required
 The fee has been calculated as shown below:

	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Addit. Fee
Total	9	MINUS	20	=	0	x 50 =	\$ 0.00
Indep.	3	MINUS	3	=	0	x 200 =	\$ 0.00
1st Presentation of Multiple Dep. Claim						x 360 =	\$ 0.00

TOTAL \$ 0.00

 Please charge my Deposit Account No. **50-3533** in the amount of \$ **0.00**.
A duplicate copy of this sheet is enclosed.

AUS920030427US1

Page 1 of 2

Appl. No. 10/660,027

Transmittal of Response dated 09/26/2006

Reply to Office Action of 06/26/2006

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to

Deposit Account 50-3533. A duplicate copy of this sheet is enclosed.

X Any additional fees required under 37 CFR §1.16 for the presentation of extra claims.

X Any patent application processing fees under 37 CFR §1.17.

Respectfully Submitted

By: 

Volet Emile
Attorney for Applicants
Registration No. 39,969
(512) 306-7969

AUS920030427US1

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	: Before the Examiner:
Serial No: 10/660,027	: Andrea N. Jones
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	:
Title: SYSTEM AND METHOD OF	: Confirmation No.: 5814
FACILITATING AN ICON	:
SELECTION AMONG A PLURALITY	:
OF ICONS ON A DESKTO	:

AMENDMENT A

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action of June 26, 2006, please amend the above-identified Application as shown below and consider the following Remarks.

Changes to the CLAIMS begin on page 2 of this paper.

Remarks begin on page 7 of this paper.

AUS920030427US1

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